

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>05-OCT-2016</b>		TIME <b>10:28:00</b>	2. ADDRESS OF OCCURRENCE <b>4749 W ROOSEVELT RD CICERO, IL</b>			3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>3100</b>	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
MEMBER INVOLVED  <input type="checkbox"/> DNA  SUBJECT INFORMATION	6. POSITION <b>9161</b>	7. LAST NAME <b>MOUSSA</b>	8. FIRST NAME <b>GEORGE</b>	9. STAR NO. <b>5509</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WHI</b>	12. AGE <b>511</b>	13. HT. <b>511</b>	14. WT. <b>250</b>	
	15. DATE OF APPT. <b>29-SEP-2003</b>	16. EMPLOYEE NO. <b>015</b>	17. UNIT & BEAT OF ASSIGNMENT <b>1532</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	21. LAST NAME <b>HUFF</b>	22. FIRST NAME <b>PARTA</b>	23. M.I. <b></b>	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. D.O.B. <b>04-JUN-1988</b>	27. HT. <b>600</b>	28. WT. <b>200</b>		
	29. ADDRESS <b>1936 8TH AVE MAYWOOD, IL</b>	30. TELEPHONE NO. <b></b>	31. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>LORETTO HOSPITAL</b>								
	36. BY WHOM? <b>DR. JOHNSON</b>	37. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	<input checked="" type="checkbox"/> 02 Under Influence		<input checked="" type="checkbox"/> 03 Hospitalized					
	38. CHARGES PLACED	<input type="checkbox"/> DNA	39. CB NO. <b>19380592</b>	IR NO.		<input type="checkbox"/> DNA				
	<b>***** PLEASE SEE NEXT PAGE *****</b>									
	REASON FOR USE OF FORCE (Check all that apply)  <input type="checkbox"/> DNA	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		OTHER _____	OTHER _____	PERCEIVED AS _____	OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER _____	PERCEIVED AS _____	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	ELBOW STRIKE <input checked="" type="checkbox"/>	KNEE STRIKE <input checked="" type="checkbox"/>	FIREARM <input type="checkbox"/>				
VERBAL COMMANDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input checked="" type="checkbox"/>	CANINE <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input checked="" type="checkbox"/>	OTHER _____				
ESCORT HOLDS <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____				
WRISTLOCK <input type="checkbox"/>		01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/>	01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____				
ARMBAR <input checked="" type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____				
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____				
CONTROL INSTRUMENT <input type="checkbox"/>		OTHER TASER WAS DEPLOYED 15X <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____				
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	LRAD WITH AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____					
WEAPON DISCHARGE INCIDENT	41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>C6202E7K2,</b>	RANK		STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
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WEAPON TYPE	04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS <b>CLEAR</b>						
54. TASER DART ID NO. <b>C6202E7K2,</b>	55. WEAPON SERIAL NO. (Include Letters) <b>X30003671</b>	56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>3</b>	63. TOTAL NO. OF SHOTS MEMBER FIRED					
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
75. EVENT NO. <b>1627905409</b>										
76. R.D. NO. <b>HZ461867</b>										

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS) <input checked="" type="checkbox"/> IMMEDIATE SUPERVISOR <input checked="" type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE</p> <p>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC</p> <p>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC</p> <p>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p> <p>78. ADDITIONAL INFORMATION</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>						75. EVENT NO. <b>1627905409</b>																																																																				
SIGNATURES	<p>79. REPORTING MEMBER (Print Name) <b>MARTIN, DALE J</b> <b>05-OCT-2016 20:02:17</b></p> <p>STAR/EMPLOYEE NO. <b>2065</b> SIGNATURE </p>						76. R.D. NO. <b>HZ461867</b>																																																																				
	<p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <p>80. REVIEWING SUPERVISOR (Print Name) <b>MARTIN, DALE J</b> STAR NO. <b>2065</b> SIGNATURE  DATE REVIEWED <b>05-OCT-2016</b> TIME <b>20:36:32</b></p>																																																																										
<p><b>Additional discharged weapons:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)</td> <td>RANK</td> <td>STAR NO.</td> <td>UNIT NO.</td> <td colspan="2">42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No</td> </tr> <tr> <td colspan="2">43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No</td> <td colspan="2">44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No</td> <td colspan="3">45. 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40. CHARGES PLACED

720 ILCS 5.0/9-1-A-3, 720 ILCS 5.0/12-3.05-A-3, 720 ILCS 5.0/12-3.05-A-3, 720  
ILCS 5.0/12-3.05-A-3, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720  
ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 625 ILCS  
5.0/11-501-A-6, 625 ILCS 5.0/11-601-A, 625 ILCS 5.0/6-101, 625 ILCS 5.0/3-707,  
625 ILCS 5.0/3-701-1

DNA

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is currently under investigation for a felony offense. Felony charges are pending. An interview at this time could compromise the integrity of the investigation and as such, no interview took place. Subject received medical treatment and was released from Loretto Hospital, where he was seen by Dr. Johnson.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

After reviewing the information available at this time, including available reports and BWC footage for P.O. Warner #11510, R/Lt has concluded that the subject was an assailant. Subject battered multiple officers and resisted arrest. Taser was deployed multiple times by Officers Moussa #5509, and Thomas #15858, to subdue the subject. IPRA was notified. A complaint log number was obtained, under CL#1082513.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082513 OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**FREITAG, THOMAS H**

86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

**05-OCT-2016 22:36:22**